

**STATE OF MONTANA**  
**DEPARTMENT OF AGRICULTURE**  
AGRICULTURAL SCIENCES DIVISION  
**APPLICATION FOR PESTICIDE APPLICATOR/OPERATOR/DEALER LICENSES**  
**For Licensing Year Ending December 31, 2014**

**APPLICANT NAME AND BUSINESS NAME:**

			NEW
_____ First Name	_____ MI	_____ Last Name	_____ License Number
_____ Business Name			_____ Area Code      Phone Number

**APPLICANT BUSINESS LOCATION ADDRESS:**

_____ Street Address	_____ City	_____ County	_____ State	_____ Zip
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**APPLICANT MAILING ADDRESS:**

_____ Street Address	_____ City	_____ County	_____ State	_____ Zip
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**LICENSE TYPE:** (Please see fee schedule noted on the back of this page)

☐ Dealer    ☐ Commercial    ☐ Non-Commercial    ☐ Public Utility    ☐ Governmental

**SPECIFIC APPLICATOR CLASSIFICATION:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (30) Agricultural Plant Pest Control | <input type="checkbox"/> (31) Ag Animal Pest Control           | <input type="checkbox"/> (21) Aerial*                    |
| <input type="checkbox"/> (33) Forest Pest Control             | <input type="checkbox"/> (34) Ornamental & Turf Pest Control   | <input type="checkbox"/> (32) Ag Vertebrate Pest Control |
| <input type="checkbox"/> (36) Aquatic Pest Control            | <input type="checkbox"/> (37) Right of Way Pest Control        | <input type="checkbox"/> (35) Seed Treatment             |
| <input type="checkbox"/> (39) Demo & Research Pest Control    | <input type="checkbox"/> (40) Ind Inst Struct & Health Related | <input type="checkbox"/> (38) Public Health Pest Control |
| <input type="checkbox"/> (42) Livestock Protection Collar     | <input type="checkbox"/> (43) Sodium Cyanide (M-44)            | <input type="checkbox"/> (41) Wood Treatment             |
| <input type="checkbox"/> (45) School IPM                      | <input type="checkbox"/> (46) Piscicide                        | <input type="checkbox"/> (44) Special Utility            |
|   |  | <input type="checkbox"/> (56) Other                      |

**REGULATORY PEST CONTROL (GOVERNMENT ONLY):**

☐ (50) Mosquito Abatement    ☐ (51) Predator    ☐ (54) Rodent    ☐ (55) Weed    ☐ (46) Piscicide

**PESTICIDE OPERATORS WORKING UNDER THE SUPERVISION OF THE ABOVE NAMED APPLICATOR**

Print the full name of each operator (Do Not Include Applicant Named Above). Operators will be licensed for each classification indicated above except Sodium Cyanide. See the training requirement noted below.

1. _____	\$25	7. _____	\$10
2. _____	\$25	8. _____	\$10
3. _____	\$10	9. _____	\$10
4. _____	\$10	10. _____	\$10
5. _____	\$10	11. _____	\$10
6. _____	\$10	12. _____	\$10

I hereby certify that the information on this application is true and correct and agree to comply with all provisions of the Montana Pesticides Act, Title 80, Chapter 8, Parts 1, 2, 3 and 4 and rules adopted thereunder. I further certify that the operators listed above have been trained according to subchapter 2, Section 4.10.206 of the rules adopted under the Montana Pesticides Act, Title 80 Chapter 8, Section 80-8-101 through 80-8-306, M.C.A. **Individuals applying for a license for aerial application** of pesticides must certify on this application that they have met all the Federal Aviation Administration requirements for aerial applicators.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**SALESPERSONS**  
FOR DEALERS USE ONLY

**No licensing fee is required for salespeople**

List full name of each traveling sales persons employed at the dealer outlet  
DO NOT LIST IN-STORE PERSONNEL

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

**FEES FOR APPLICATORS AND DEALERS:**

**1. Commercial Applicator & Commercial Dealer:**

\$55 each for one year license, plus any Operator fees

**2. Non-Commercial Applicator & Public Utility Applicator:**

\$55 each for one year license, plus any Operator fees

**3. Applicators & Dealers of State, County, University or other Municipal agencies:**

Pay the license fee of \$60.00 for each license plus any Operator fees, for each of the first four applicators and/or Dealers per agency. Any additional Applicators and/or Dealers are required to pay a license fee of \$15.00 for each license plus any Operator fees.

**NOTE:** These agencies may not be required to pay more than \$600 annually for the licensing of its employees as dealers, applicators and operators.

**4. Federal Applicators & Dealers do not pay licensing fees.**

**ALL REQUIREMENTS MUST BE MET WHEN APPLYING FOR A LICENSE.**

- ☐ Certification in each license classification checked (Examination or Reciprocity)
- ☐ Copy of Insurance or CD / Bond for Commercial applicators
- ☐ Application fees paid in full
- ☐ Completed and Signed application

**NON-RESIDENT APPLICATORS AND DEALERS:**

- ☐ A copy of your current pesticide license from your state of residence is required annually

**CONTACT INFORMATION:**

E-mail: [agr@mt.gov](mailto:agr@mt.gov) , Phone: (406) 444-4900, Fax: (406) 444-9493, Website: [pesticides.mt.gov](http://pesticides.mt.gov)

**MAIL APPLICATIONS TO:**

MONTANA DEPARTMENT OF AGRICULTURE  
AGRICULTURAL SCIENCES DIVISION  
PO BOX 200201  
HELENA MT 59620-0201